

# Hawaii Application for Business Entity Insurance Producer License

(Please Print or Type)

☐ New    ☐ Reinstatement

**Check appropriate box for license requested.**

☐ Resident License

☐ Non-Resident License

• Identify Home State: \_\_\_\_\_

• Identify Home State License #: \_\_\_\_\_

① Business Entity Name		② Incorporation/Formation Date		③ FEIN -	
④ If assigned, National Producer Number (NP#)		⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number			
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			⑦ State of Domicile		⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ Zip Code
⑭ Foreign Country					
⑮ Phone Number (    ) -		⑯ Fax Number (    ) -		⑰ Business Web Site Address	
⑱ Business E-Mail Address					
⑲ Mailing Address		⑳ P.O. Box		㉑ City	
㉒ State		㉓ Zip Code		㉔ Foreign Country	

## Designated/Responsible Licensed Producer

㉕ Identify at least one Designated/Responsible Licensed Producer:

Name _____	SSN	-	-	
Name _____	SSN	-	-	
Name _____	SSN	-	-	
Name _____	SSN	-	-	
Name _____	SSN	-	-	

## Owners, Partners, Officers and Directors

㉖ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity:

Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No

## DO NOT WRITE IN THIS BOX – For State Use Only

Vendor ID: _____	NCIC _____	
License # _____	PDB _____	
Effective Date: _____	C&E _____	\$ _____
Extension Date: _____	Log _____	\$ _____

**Type of License Requested**

27 Check the license type and line(s) of authority for which you are applying.

**License Types (check one only):****Lines of Authority:**

☐ Producer

\_\_\_ Accident and Health or Sickness

\_\_\_ Casualty

☐ Managing General Agent

\_\_\_ Life

\_\_\_ Marine

☐ Reinsurance Intermediary Broker

\_\_\_ Property

\_\_\_ Surety

\_\_\_ Title

☐ Reinsurance Intermediary Manager

\_\_\_ Variable Annuities – attach copy of CRD report showing that you are registered for securities in Hawaii with NASD

\_\_\_ Vehicle

☐ Surplus Lines Broker

\_\_\_ Other – Specify: \_\_\_\_\_

☐ Limited Lines Motor Vehicle Rental Company Producer

\_\_\_ Emergency Sickness

\_\_\_ Incidental Travel

\_\_\_ Inland Marine Personal Effects

\_\_\_ Liability

\_\_\_ Personal Accident

\_\_\_ Roadside Assistance

\_\_\_ Underinsured Motorist

\_\_\_ Uninsured Motorist

\_\_\_ Vehicle Related Coverage

\_\_\_ Other – Specify: \_\_\_\_\_

☐ Limited Lines Producer

\_\_\_ Credit Life

\_\_\_ Credit Disability

\_\_\_ Travel Disability

\_\_\_ Travel Baggage

\_\_\_ Vending Machine – Travel Baggage

\_\_\_ Vending Machine – Travel Disability

\_\_\_ Personal Lines: Homeowner – Non-Commercial

\_\_\_ Personal Lines: Vehicle – Non-Commercial

\_\_\_ Newspaper Accident & Sickness

\_\_\_ Mortgage Disability

\_\_\_ Mortgage Guarantee

\_\_\_ Mortgage Life

\_\_\_ Credit Unemployment

\_\_\_ Guaranteed Automobile Protection (GAP)

\_\_\_ Involuntary Unemployment

\_\_\_ Other – Specify: \_\_\_\_\_

### Background Information

28 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, you must submit an Affidavit in Support of Resident/Nonresident Insurance Producer License Application (Form BKRPT-RES or BKRPT-NR).

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

### Applicants Certification and Attestation

29 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

**Must be signed by an officer, director, principal  
or partner of the business entity:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Month Day Year

### Attachments

30 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Evidence that business entity is registered with Hawaii Department of Commerce and Consumer Affairs – Business Registration Division (808-586-2727).
2. Copies of Hawaii Producer license for all individuals named in item #25 as Designated Representative for the business entity.
3. Managing General Agent, Reinsurance Intermediary Broker or Reinsurance Intermediary Manager: Copy of Hawaii Producer license, Proof of Bond and Proof of Errors and Omissions Policy.
4. Surplus Lines Broker: Copy of Hawaii Producer license.

### INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Mail this application with applicable forms and documents to:

ATTN: Licensing Branch  
Hawaii Insurance Division  
P. O. Box 3614  
Honolulu HI 96811-3614

For express mailing only:  
335 Merchant Street – Room 213  
Honolulu HI 96813